County: Douglas
BEVERLY HEALTH/REHAB SUPERIOR
1612 NORTH 37TH STREET
SUPERIOR 54880 F Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled No Yes 92

**************	****	***********	*****	***********	*****	**********	******
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
	No   No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year 1 - 4 Years	41. 2 58. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.5	Under 65	10.3	More Than 4 Years	0. 0
Day Servi ces Respite Care	No   No	Mental Illness (Org./Psy) Mental Illness (Other)	39. 7 8. 8	65 - 74 75 - 84	8. 8 27. 9		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 2. 9	85 - 94 95 & 0ver	42. 6 10. 3	*************	*******
	No No	Cancer	2. 9 0. 0	95 & Over	10. 3	Full-Time Equivale Nursing Staff per 100 R	esi dents
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	0. 0 17. 6	65 & 0ver	100. 0 89. 7	(12/31/00)	
Transportation	No	Cerebrovascul ar	16. 2			RNs	9. 9
Referral Service Other Services	No Yes	Di abetes Respi ratory	4. 4 1. 5	Sex	%	LPNs Nursing Assistants	11. 2
Provi de Day Programming for		Other Medical Conditions	7.4	Male	27. 9	Ai des & Orderlies	44. 3
Mentally Ill Provide Day Programming for	No		100. 0	Femal e	72. 1		
Devel opmental ly Di sabl ed ************************************	Yes	*******	*****	*****	100.0	!     *************************	****

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Di er	n		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	3. 5	\$99. 31	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 9%
Skilled Care	1	100.0	\$150.00	52	91. 2	\$85.04	1	<b>50.</b> 0	\$157.78	6	100.0	\$136.06	2	100.0	\$170.12	62	91. 2%
Intermediate				3	5.3	\$70. 78	1	<b>50.</b> 0	\$70. 78	0	0.0	\$0.00	0	0.0	\$0.00	4	5. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	t 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	1	100.0		57	100.0		2	100. 0		6	100.0		2	100.0		68	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti or	ns, Services,	and Activities as of	12/31/00
zenems zuring neperering rerreu				% N	leedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	10. 7	Daily Living (ADL)	Independent	One Or	Two Staff	Dependenť	Resi dents
Private Home/With Home Health	0.0	Bathi ng	5. 9		60. 3	33. 8	68
Other Nursing Homes	0.0	Dressi ng	4. 4		61. 8	33. 8	68
Acute Care Hospitals	85. 7	Transferring	11. 8		<b>58.</b> 8	29. 4	68
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.8		70. 6	17. 6	68
Rehabilitation Hospitals	0.0	Eating	29. 4		<b>52.</b> 9	17. 6	68
Other Locations	3. 6	************************************	******	******	<***********	*********	******
Total Number of Admissions	140	Continence			Special Treat		%
Percent Discharges To:		Indwelling Or Externa		1. 5	Recei vi ng I	lespiratory Care	7. 4
Private Home/No Home Health	33. 9	Occ/Freq. Incontinent		<b>54. 4</b>		racheostomy Care	1. 5
Private Home/With Home Health	24. 7	Occ/Freq. Incontinent	t of Bowel	32. 4	Recei vi ng		1. 5
Other Nursing Homes	6. 3					Stomy Care	0. 0
Acute Care Hospitals	6. 3	Mobility				ube Feeding	2. 9
Psych. HospMR/DD Facilities	1. 1	Physically Restrained	1	0. 0	Recei vi ng	Æchanicallÿ Altered D	iets 35.3
Rehabilitation Hospitals	0. 0	GI. G					
Other Locations	1.1	Skin Care				nt Characteristics	400.0
Deaths	26. 4	With Pressure Sores		5. 9		ce Directives	100. 0
Total Number of Discharges		With Rashes		0. 0 N	Medications		~ .
(Including Deaths)	174			****	Kecei vi ng l	Psychoactive Drugs	7. 4
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		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	s Proprietary		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	<b>78</b> . 0	82. 5	0. 95	83. 6	0. 93	84. 1	0. 93	84. 5	0. 92
Current Residents from In-County	95. 6	83. 3	1. 15	86. 1	1. 11	83. 5	1. 14	77. 5	1. 23
Admissions from In-County, Still Residing	18. 6	19. 9	0. 93	22. 5	0.83	22. 9	0. 81	21. 5	0.86
Admi ssi ons/Average Daily Census	152. 2	170. 1	0. 89	144. 6	1.05	134. 3	1. 13	124. 3	1. 22
Discharges/Average Daily Census	189. 1	170. 7	1. 11	146. 1	1. 29	135. 6	1. 39	126. 1	1. 50
Discharges To Private Residence/Average Daily Census	110. 9	70. 8	1. 57	<b>56</b> . 1	1. 98	<b>53. 6</b>	2. 07	49. 9	2. 22
Residents Receiving Skilled Care	94. 1	91. 2	1. 03	91. 5	1.03	90. 1	1.04	83. 3	1. 13
Residents Aged 65 and Older	89. 7	93. 7	0. 96	92. 9	0. 97	92. 7	0. 97	87. 7	1.02
Title 19 (Medicaid) Funded Residents	83. 8	62. 6	1. 34	63. 9	1. 31	63. 5	1. 32	<b>69.</b> 0	1. 22
Private Pay Funded Residents	8. 8	24. 4	0. 36	24. 5	0. 36	27. 0	0. 33	22. 6	0. 39
Developmentally Disabled Residents	1. 5	0.8	1. 91	0. 8	1. 79	1. 3	1. 17	7. 6	0. 19
Mentally Ill Résidents	48. 5	30. 6	1. 58	36. 0	1. 35	37. 3	1. 30	33. 3	1.46
General Medical Service Residents	7.4	19. 9	0. 37	21. 1	0. 35	19. 2	0. 38	18. 4	0.40
Impaired ADL (Mean)	57. 1	48.6	1. 17	50. 5	1. 13	49. 7	1. 15	49. 4	1. 16
Psychological Problems	7. 4	47. 2	0. 16	49. 4	0. 15	50. 7	0. 14	50. 1	0. 15
Nursing Care Required (Mean)	6. 8	6. 2	1. 10	6. 2	1. 10	6. 4	1.06	7. 2	0.95